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# THE VISITING TEACHER AND THE HOME

By CORDELIA COX

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A visiting teacher does not work long with a child within a school before she begins to question the home situation of the child. She may wonder about the physical setting, the financial status, the other members of the family, the child's place in the life of the home, or the child's life experience and adjustment as known by the home. So quite soon she will find herself visiting the homes of children.

Visiting a home as a professional person is not a casual matter of knocking on a door, talking for a while and reporting back to the school. By her entrance into the home of a troubled child, the visiting teacher becomes surrounded by the medium primarily influencing the child's adjustment and she may bring into play the most profound of human emotions. Of these things she must be aware. She will wish to do and to say those things which will result constructively for the child, and she will wish to gain understanding of the situation and feelings of this family who make up so much of the child's background and present existence. The feeling tones in the child's relationship to his family may be far more important than their ability to provide him with social prestige—or more important even than their ability to provide him with wholesome food. So, as in other areas of her work, understanding is her first responsibility.

She will need to understand the people in the home as they relate to the child and she will wish to bring to the home added understanding of the child and the school. And by what she gains of the feeling tone and general situation of the family, she may be under the necessity to move quickly into such mutual preliminary planning as the return of the child to school, the adjustment of a discipline difficulty, or a way of getting needed supplies. Or she may need to move slowly, letting the first activity come from the parent while her role is that of trying to understand what is in this situation for parent and child.

Our cultural pattern of family life provides for the support of children by one or both parents. The majority of parents in our Western civilization fulfill this cultural pattern in some manner. If the job is well done, we think of the parents as successful, but if the job is poorly done, or not done at all, both parents and children may suffer acutely in their deviation from the accepted community pattern. For the child who comes from a broken home, or for the child whose home is inadequate, the visiting teacher needs to be alert to recognize feelings of unworthiness, frustration,

and confusion which may be present. But no less does she need to be aware of what it means to the parent who has not measured up to society's expectations. The parent may be hurt, defensive, guilty, ashamed, confused, or even accepting of the situation; but this the visiting teacher will wish always to remember—in our culture a parent who fails to provide a home for his children or who provides an inadequate one, has some feeling (or mixture of feelings) about it. We cannot help him or the child until we understand something of the quality and force of this feeling.

Another concept closely akin to the above is that the child is so much the product of his home influences that often the difficulties of an unhappy or difficult child can be traced back to his home situation. Not only gross difficulties can be traced back to family tensions, rejection of children, etc., but more subtle attitudes and behavior such as trust, optimism, doubt and fearfulness can be found to originate in the family experience. So the visiting teacher approaches the home with a wish to understand its meaning for the child. Is he wanted? Is he an important part of the home? Are his physical needs met? What are the family's attitudes towards work, play, neighbors, and school which are carrying over to him? Does the home have time and energy to help the child develop and to be interested in his world? And again, for it is most important, is the child loved and wanted?

The quality of a child's relationship to his home is not one that can be learned through questioning; indeed direct questioning may cause a parent to build a wordless wall between himself and the visiting teacher. If the visiting teacher is to understand the child's problems, the parent must talk freely and portray the situation as he sees it. Under the fire of direct questions, which all too often carry implications of condemnation or hostility, parents may be resentful or protective of themselves and their children.

Parents respond to a willingness to listen and a wish to understand; it is comforting to know the school has concern for them and their children. They respond, too, to careful explanation of school requirements and policies. They appreciate the value the school sets on themselves and on their parenthood, and the school's recognition of their difficulties. Tact, skill, and often almost infinite patience are needed to work constructively with parents and children whose life situations are unhappy or unproductive.

Sometimes the visiting teacher must listen to bitter and loquacious complaints of parents against school or child. These complaints may or may not seem valid, but they are important, for they show the thinking and the feeling of the parent. "Being heard" of itself is often therapeutic for the parent, releasing pent up tension and clearing the way for more positive thinking. The visiting teacher who hears parents' complaints through to the



end and herself remains understanding and objective is exercising one of the great skills available to her for helping people.

Because it is so clearly true that the home is the most powerful determinant on a child's behavior, it is an easy next step to blame the home of difficult children for being what they are. To blame a home for being poor is as useless and futile as to blame a parent for having tuberculosis. Physical ills cannot be cured by scolding or criticism; nor can the poor home be changed that way. A poor home is a social ill, the result of inherited and experienced factors. To change it requires understanding of how life came to be this way for these parents and knowledge of what qualities need to be supplied or modified. Sometimes, even as in physical illness, a cure cannot be effected and all that can be done is to help in making the situation more tolerable. Particularly when teachers and visiting teachers are tired or worried, or faced with prolonged difficulties, do they tend to "blame" the home. Only when school people recognize that blame increases the difficulty, adding to the burdens of the home and the child, can they successfully withstand the impulse to condemn those afflicted with this gravest of social ills.

The relationships of parents and children are the results of the blending of many emotions such as love, hope, pride, irritation, fear, and shame. Perhaps the most loving of parents sometimes become irritated and rejecting; perhaps the most rejecting of parents sometimes feel pride and love for their offspring. The visiting teacher will seek to understand the kinds of feeling the parent has for the child and to know those which predominate. If the child is a constant reminder of more responsibility than the parent can bear, shows likeness to the parent who has deserted, is "one too many", or is a special care because of physical, mental or emotional handicaps, the child and the parent are caught in an unhappy situation. Only through wise understanding of both persons can a visiting teacher help either of them. Parents are interested in their children, either positively as loved offspring, negatively as unloved offspring, or with mixed feelings and emotions. But they are interested none the less; and it is this interest the visiting teacher uses as she visits the home.

For the most part it is safe to assume that parents have both natural love for their children and natural irritation when the children do not respond readily to family or school behavior patterns. We can be sure too they are sensitive to the successes and failures of their children, to the school's treatment of them as parents, and to the relationship of the school to the child. Often the visiting teacher will find herself wishing parents would assume more responsibility for their children, and yet without re-

alizing it, she may be doing things which defeat parents' development of responsibility by herself assuming parental prerogatives. Often it is easier to by-pass a parent than to consult him in a decision about a child. If the decision is in the area of the parent's responsibility, the visiting teacher makes a mistake when she acts without the parent's consent. Decisions with reference to such things as free lunches, gifts of used clothing, medical treatment and special permissions are primarily the responsibility of parents. When school people "take over" such decisions, the authority of those who are legally responsible for the child is threatened. This may result in more severe home tensions and a weakened family structure; certainly it lends no encouragement to the parent to be responsible.

Parents who have troubled children, then, are individuals in their own right, who have arrived at their present situations through a series of life experiences which neither they nor the visiting teacher can undo. They have their own needs for self realization and the impetus to meet these needs as nearly as possible. Their ways of looking at things is the result of all that has been their previous experience. So whatever their response to the vicissitudes of their children, it is part and parcel of them as people. For instance, if through the years, schools have seemed to parents to be overbearing or unjust, the expressed good will of a visiting teacher newly come into the situation may erase the less positive but more entrenched feelings they have carried through their own lives.

As she prepares for a home visit, the visiting teacher may wish to consider three things which should help insure that in so far as lies within her power the visit will have positive values. First of all, she needs to be thoroughly acquainted with the situation for the child as the school sees it. She will wish to know from the principal and teacher what they have observed and how they are thinking and feeling about the child's problem. Second, she will wish to see and talk with the child prior to her visit to his home, if he is available. Knowing the child will help her decide whether a home visit is indicated and the wisest approach to make if the visit is necessary. Also, and equally important in her conference with the child, she can tell him of her proposed visit to his home. Even little children gain a sense of fair play and personal dignity when the school shares with them plans and information related to themselves. There is no better device in helping a child take responsibility for his behavior than in working with and through him. As with parents, often it is easier to by-pass the child and visit the home without his knowledge, but the results may not have as much value. Third, the visiting teacher will need to have clearly in mind just why she is visiting the home, both as to what she expects to



take there and what she hopes to take away. Her approach to the home, her attitude towards the parents, and her presentation of the child's problem will influence profoundly her service to the child and the school. If she can see the humanness of the parents and the child, her first step towards a successful relationship has been established.

Not only does the visiting teacher take to the home the school's point of view, but in turn she brings back to the school the home's viewpoint. This she will wish to do as generously and as positively as possible, not glossing over difficulties, but most surely presenting the parents as real people with feelings and values of their own. To berate a parent in reporting to the school, to "make fun" of him, to belittle him, or to sit in judgment on him is to make unworthy use of information one has gained through a professional contact. A good rule for a visiting teacher to follow is to present the picture of the home as it affects the child, leaving unsaid those things which are unrelated to the problem at hand. Calmness, objectivity and precise truthfulness are needed as visiting teachers relate to principals and teachers the things they have seen and heard during home visits.

Except in rare instances, the visiting teacher will find it advisable to visit homes alone, for the understandings she seeks in the homes of children are deeply personal. Such things are shared more easily with one person than two. There can be healing in the person-to-person relationship of one professional person to her client. Likewise, the visiting teacher will be conscious of whom she finds in the home and follow the lead of the parents as to whether she talks before neighbors or relatives. If other people are present in the room where parents receive her, the visiting teacher will need to watch for a cue from the parent as to whether she should talk freely. Sometimes she will ask to see the parent alone, or suggest she return when the parent is not occupied; at other times the parent may indicate willingness to talk before the others who may be present.

Perhaps a word of warning should be voiced with reference to home visiting. The sum and substance of life in its beauty, tragedy, and commonplaceness is spread before the home visitor who has "eyes to see". Some of the problems she sees will extend far beyond the school child in their range of influence. The visiting teacher cannot solve all problems or meet all needs. If she attempts to do so she may become involved in human problems with which she is not equipped to work, and most certainly she will find that she cannot meet her responsibilities in helping troubled children if her energies are diverted to other areas of need. The wise visiting teacher, knowing there is far more to be done in the world of social service than she

can ever accomplish, keeps her eyes on the job which is hers. If she does her job well, there will not be time to practice in other areas. If her practice enters too much into other types of service, it may be she is not functioning as a visiting teacher. With only one professional life to live, she will find that she can serve most ably when she limits her service to the functions of her own job.

In summary then, a home visit is not an occasion for collecting information which later is sorted and catalogued to become the case history of a child. Rather it is a dynamic experience made up of the interaction of two or more personalities. Some of its greatest values are those of the relationship the visiting teacher develops and sustains in the home while she is there. It is true she comes back to her office to re-think and study what happened, but during her visit something happens. What she puts into the situation then may be the determining factor in further work with child and home. She will find there are certain common elements, varying in degree only, in most of her interviews. These may be identified to guide her as she participates in the relationship of an interview. So important an element as to be a necessity is that of getting the parent's story of the situation told in his own way. Equally important is a clear explanation of the situation as the school sees it, together with an interpretation of the school's policies and practices as they affect the child. Tentative interpretation of the child's needs and the offer of the visiting teacher to be of help are two more important elements. Finally, every interview should include "next steps" mutually understood by parents and visiting teacher.

When a visiting teacher is attached to a school, many parents will see the whole school in terms of their knowledge of this one person. For the parents and for the visiting teacher there can be no finer interpretation of an educational system than that embodied in the feeling of a child's family, "The school through her seeks to understand and to help us understand."

# THE USE OF MENTAL HYGIENE CLINICS IN THE SCHOOL\*

By HELEN E. WESTON

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Rochester, New York

The basis for my remarks in the time allotted to me are found in observations and experiences in the Rochester public school system. Rochester schools, as you may know, were among the pioneers in establishing services designed to give help to children showing problems within the school whether these problems stemmed from educational, physical, social, or emotional maladjustment. The Home and School Counseling Department offers social work service in our elementary schools and Paul Revere Trade School. This is the service initiated in 1913 and known till recently as the Visiting Teacher Department. The Child Study or Department of Psychological Services dates back to 1906. These are the two coordinated school services most involved in using our school and community mental hygiene clinics.

Rochester schools have access to two psychiatric clinics—the Rochester Guidance Center, a Community Chest supported agency, and the Board of Education clinic functioning two half days per week since 1927. No service from the Rochester Guidance Center was available during this school year because of staff reduction and reorganization there. Our hospitals have some psychiatric clinic time for children and on occasion the school uses this resource. This is not often, however, and so for the purposes of this paper is not entering our consideration.

Some 35,944 pupils were enrolled in the Rochester Public Schools in the school year 1945-46. During that school year as usual Dr. Richard C. Jaenike of the Division of Psychiatry, Strong Memorial Hospital, conducted the regular two half-day per week clinic at the Board of Education. This service is financed through the City Health Bureau with the approval of the City Council. Of the one hundred forty cases seen, 73% were new, 83 cases came from twenty-eight elementary schools and fifty-seven from our ten high schools. Referrals made by Home and School Counseling were 45%, 32% by Psychological Services, 19% by agencies and 4% by others—i. e., directly by parents, physicians and other interested individuals. One hundred boys, the majority of whom were between 11 and 16 years of age were referred. The forty girls seen showed an age range in which 43%

\*Read at New York State Conference on Social Work, New York City,  
November 1946.



were in the 14th and 15th year. One hundred twenty-two of the one hundred forty children or 87% fell between the ages of 9-16.

Clinic service available to our school children, like the services of child guidance clinics or mental hygiene clinics in general, may be described as diagnostic, treatment, or consultative. Last year because of time limitations and the heavier demands routing to the one child psychiatrist in the city, the consultative phase of our clinic service was almost eliminated. This is a vital phase of clinic service that should only be curtailed because of the greater need for children to have direct contact with the psychiatrist. Consultative service provides a stimulus to professional staff; clarifies educational and case work planning in the light of the total growth picture presented by the pupil; gives direction and support to the administration faced with the necessity to act in connection with the child; and is a factor in the in-service broadening experience for the teacher which finds expression not alone for the child and problem under discussion but for his classmates and other children as well.

The psychiatrist held 293 interviews with our 140 children, 81 having 1 interview, 1 child having 8 interviews, and with 127 having 4 or less. These figures indicate pretty conclusively that our treatment service is very limited and of necessity is carried for a short time by the psychiatrist with the social worker, psychologist, and other school personnel carrying out his recommendations in the contacts with child and family in the more familiar school and neighborhood settings.

It is natural in the school that the service of the psychiatrist most heavily used is that of diagnostician. If adequate psychiatric time were available, diagnostic service would still be the most demanded. Educators are interested in the why of the child's behavior and personality. Time and again they must take some action because a child needs help badly. It is often true that his need is involving his fellows to an unwarranted degree and to their detriment. School personnel rely on the recommendation of the psychiatrist. They recognize his ability to read between the lines and in the light of the total picture and the resultant implications he sees to recommend that action to the school which should be most truly constructive for the student.

The school social worker, psychologist and principal all have a part in the decision to refer a child to the clinic. A clinic appointment time is made with the parents' consent. Meanwhile the child is helped to see and to approach the experience with the psychiatrist as an opportunity to get some assistance with the problems which are troubling him and the school. Prior to the arrival of the child and his parent for their initial interview

with the psychiatrist, a complete social and educational history prepared by the social worker and psychologist is made for him. Community social agencies in some instances initiate the referral process and provide a goodly share of the social history.

Following the initial interview the psychiatrist reports his findings and recommendations in writing to social worker and psychologist. These reports are the basis for interpretation as an action guide for teacher, principal, and others in the school who are involved in the child's problem. In many instances these reports are read by the teacher. In very complex situations a conference of all the school and social agency personnel concerned in the case meet with the psychiatrist to work out details of a treatment plan.

Granted that the Rochester public school system finds the mental hygiene clinic an indispensable resource, how do the school administrator, the school social worker, the classroom teacher, the child, his parent, and the community profit in the use of this psychiatric service? It must be obvious that the earlier the maladjusted child is found the greater his treatment potential and the greater the ultimate social and financial saving to the community. It must be equally irrefutable that the school with its doors open to all the children of all the people is in a unique position to spot those whose deviation from the social and emotional norms is in its incipency. With an awareness of the symptoms of personality maladjustment, with the availability and use of the mental hygiene clinic as a resource the school is in a position to prevent much personal and social unhappiness. It can more ably assist in the development of individuals who can function more nearly at their maximum ability with satisfaction to themselves and the society of which they are a part.

The school administrator turns to the mental hygiene clinic and its psychiatrist for an evaluation of the child's needs and to what extent they may be met in the school situation. The psychiatrist's appraisal of the problem, whether or no the child is treatable, and the probable prognosis are basic to the direction of the administrator's action with reference to the child in the school community. Frequently it is a guide to the formulation of his decision in taking a stand with the child, his parents, or with the teacher. The clinic recommendation concerning placement, modified program, transfer, exemption, and exclusion are awaited by the principal more often lest he move unwittingly to the child's detriment—than to support his own decision, although the latter may be a quite valid position.

Excerpts from the psychiatrist's reports to the school will illustrate some of the service to administration:

*This boy is very sick, and I question the advisability of further school attendance as long as he remains in his present anxiety and panic state. I will be glad to sign an exemption.*

• • • •

*I do not feel that John is going to gain a great deal by further school attendance, but I think it is worth while to struggle along for another year at which time he will probably be convinced that further school attendance will not help him. In the meantime he agrees to see us at regular intervals which will be arranged for him.*

The classroom teacher recognizes the contribution of the clinic and its psychiatrist. She asks what has been recommended and often though it has been previously indicated by the social worker or principal she accepts the psychiatrist's statement as conclusive. It relieves her anxiety around the child and his problem, its implication for her, and her anxiety around her ability as a teacher. She does not feel alone or unsupported as she tries to adjust the child to the rest of the classroom situation. In getting some sense of direction she becomes less panicky in dealing with him. She is encouraged to continue with a new perspective as a result of the objective recommendation of the psychiatrist as it is interpreted and amplified for her.

*This boy is most inadequate. He is not doing well in school. He will probably fail all of his subjects, but the most important thing at this time is to concentrate on his neurotic trends.*

*I feel that B. should have a physical re-check. The boy is suffering from a very serious personality disorder which is aggravated by school attendance and by group pressure. I feel that it would be very conducive for this boy's nervous and mental state to live at home and live a quiet, inactive life.*

When the psychiatrist shows what phases of the school program it is wise to emphasize, indicating what to avoid or to insist upon, the teacher tends to incorporate this type of treatment into her pattern of working with other children who present similar problems.

Going to the clinic and the psychiatrist has good psychological implications for the child. Clinics are places and doctors people set apart for helping and with none of the troublesome aura of either home or school. The doctor is a good parent substitute with whom the child can talk out his difficulties. Some of the pent up feelings are released in talking out angles of his situation scarcely even acknowledged before. Somehow that doctor seems to put the finger on the hurtful spots. He realistically helps the child figure out what can be done about them and by whom for the greatest satisfaction to all concerned. There may be medication or further medical study in some instances. There may be periodic meetings with the



psychiatrist dependent on the child's need and ability to use the help available.

Sam, 12, is a restless, unhappy boy, working below capacity, dawdling and never finishing his work with an exaggerated "don't care" response in all situations. He has been seen once a month by the psychiatrist. Behind the following bits from the psychiatrist's reports sent to the school is seen the meaningful and helping experience this has been for Sam.

April 12, 1945. *This boy is not too spontaneous and does not relate himself very well. Seems to have very little insight, but admits that he is often nervous at home because things upset him, especially his father's behavior. However, he is beginning to accept this as an irremedial problem and there is very little he can do about it.*

Dec. 5, 1945. *Sam states everything is going along fairly well in school, but occasionally he has trouble in some of his classes and it would seem that the school problems are a carry-over from his unhappiness which originates at home.*

*Again we point out to Sam that he should try to accept conditions as they are, that he can do nothing about them, that he should spend as much time outdoors and at the 'Y' as possible.*

Jan. 29, 1946. *Sam makes a fairly good impression, is much quieter and a little more mature. He says he is doing better in the 6th grade but his report cards still show a great many 'needs to improve'. He still has not developed good work habits but seems to feel more secure in school inasmuch as he can compete with the other pupils. He is no longer called 'Dope' or 'Dumb bell.'*

*He will need a great deal of encouragement and push to settle down and work in school. He is quite non-committal about home factors. He is quite an outdoor lad who seems to see very little of the father; has many satisfactions outside of the home.*

The parent, who is so much involved in any problem his child has, may find a new approach to that problem. Why it has come into being and what can now be done about it are considered. Often there are specific directions along health lines having to do with diet and living routines. The parent may be encouraged as he attempts to set up certain standards in the family. Possible resources in school and community may be suggested as helpful aids for him. Often it seems as if the parent needs and must have the psychiatrist's assistance over a period of time if anything is to be done for the child. The parent is helped to face the child's problem realistically; his own part in it and the adjustment which the school must make is worked through.

*Mother was advised to try and be as reasonable as possible with this youngster in the hope that when she becomes a little more mature that she will settle down and develop some constructive interests. It may be that brain wave examination is in order but this will be deferred until she has been seen again.*

The social worker in the school finds invaluable support and direction in the shared responsibility around cases which the availability of a psychiatrist makes possible. The social worker needs the psychiatrist's evaluation of the depth of the emotional problems the child presents and to what extent or in what direction her skills as social case worker can be of help to him. In the reality situation which school and home present the psychiatrist can evaluate those involved and indicate when case work may be focused effectively. Many times the situation is turned back to the social worker who can then move forward with some surety in behalf of a better growth experience for the child.

*I do not believe B. is a good candidate for foster home placement. He says that some of his relatives live on a farm and it might be that parents can make some arrangement for farm placement with them.*

. . . .

*This boy presents a rather typical picture on an early schizophrenic reaction. I do not feel that we ought to enforce any program on to this lad as it would only increase his symptoms. We should encourage isolated interests and activities as he cannot tolerate groups, but I tried to stimulate him to indulge in some normal isolated activities such as reading, hobbies, collections and the radio. This boy is going to be very difficult to treat and will have to be handled on a very superficial level and we will see him at regular intervals to obtain a more complete picture of his general personality.*

. . . .

*This boy is showing many homosexual tendencies which have probably been acquired over a period of years, because of his identification with his grandmother and aunt,—his marked dislike for his real father and step father. He cannot or will not identify with any male. I feel that this boy should not attend gym as it would only precipitate an acute panic attack. For this reason I believe we should exempt him from gym. I feel that over a period of time he should have more and more contacts with men teachers.*

*I think it might be advisable for the social worker to interpret some of this boy's needs to his aunt. I think it would be unwise to see his mother who would probably misinterpret suggestions from social worker. I think*

*it is quite important to introduce some group activities, preferably supervised, such as 'Y' or 'Scouts' into this boy's activity. He seems to be fixed on a homosexual level and unless he has a few more normal male contacts he may remain on this level. Gym exemption was signed. He is to return.*

When the school decides to refer a child to the Rochester Guidance Center rather than use our own service, several factors have operated. The parental and child needs are our chief determinants in the decision. The particular strengths of each service are appraised with reference to our immediate problem. Other factors considered are: time available for more intensive study; a problem pretty well centered outside the school; unusual hostility to all things having to do with school; availability during the summer months; a wish to pay for service, etc.

There are problems encountered in the acceptance on the part of school personnel of psychiatric clinic service for the child presenting personality and behavior difficulties. Support, both moral and financial, comes slowly and is granted because of concrete evidence of helpfulness and the experiencing of needs met on a case by case basis. It is not easy for school personnel who must continue to live in close proximity with the child to accept the psychiatrist's recognition of untreatability even when coupled with some suggestions around what to avoid or attempt in struggling along as comfortably as is possible. Time and resultant pressures of accumulating problems, lack of resources to meet need or of parental participation; need for consultation opportunity and more intensive case carrying are all part of the limitations we experience. It is off-set by many and very definite gains to all of us involved with the problems of children. It is my hope that this paper has helped show that the school need not await the Minerva-like appearance of a full time, full-fledged psychiatric clinic program before focusing on the emotional problems of its children.

Rochester has within the past year petitioned and received a grant from the New York State Youth Commission to increase and expand its services by establishing a special clinic unit consisting of a full time staff of psychiatrist, psychiatric social worker, and psychologist. In recommending to the city fathers the required matching of the state money, our educational system has put itself on record as finding the mental hygiene clinic a valuable resource for its school pupils and personnel. With the expansion of this resource, which has been so vitally helpful to us in the past, we go forward to a greater helpfulness to the child entrusted to our care.



## CONTRIBUTION OF A SCHOOL SOCIAL WORKER IN A JUNIOR HIGH SCHOOL SETTING\*

By ALBERTA W. BROWN

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The recent war proved how necessary it often is to muster the services of each and every individual, so far as possible, to accomplish a purpose. In this instance the purpose was to win the war so our ideals of democratic living could be preserved. This emergency placed value on the contribution each individual could make, and manpower was utilized to its fullest extent. The job of an infantryman in front line of battle was not compared with a boy scout's effort to collect scrap. Each in his way was offering a service which he was best prepared to offer that was vitally important to the war effort. Home front was as important as war front.

The school, one of society's institutions for perpetuating ideals, has education as its purpose. In order for the school to fulfill its purpose, the services of a diversified personnel are required. The teacher, principal, counselor, nurse and doctor are part of the staff employed by the school to serve society's children. The school social worker as a professionally trained person has a service to offer and a contribution to make in the realization of the purpose of education. Just as the work of the infantryman was not compared with that of the boy scout in the war effort in light of importance but according to training and experience and the distinct service of value each could offer, so the job of the school social worker is not superior nor inferior to that of any other member of the school staff. The school social worker's function justifies its being through the different type of service offered to implement the purpose of the school. A social worker does not duplicate the work of the teacher but makes it possible for the teacher to more effectively do her part of teaching or imparting knowledge. The social worker helps with problems in the social situation and has competence in the area of social relationships.

Education not only equips a child for a life's work but strives to develop his potentialities as a citizen and provide personal as well as social satisfactions towards some usefulness in a complex society. Children experiencing difficulties cannot make the best possible use of the opportunities which school offers. Social work finds its place in the school as the teacher sees relationship between social-emotional problems of a child and learning. The whole child—mind, body and emotions—is involved in education.

\*Written when a student specializing in school social work at the School of Applied Social Sciences, University of Pittsburgh, Pennsylvania.

Environmental circumstances may render the school ineffective in fulfilling its responsibility to a child unless the different service of the social worker, offered in relation to the child's difficulty, is used.

Before considering the contributions of the school social worker in a junior high school setting, we should see what children attend. The enrollment consists of boys and girls in the adolescent and pre-adolescent age period. Adolescence is one of the most difficult periods in a child's life, not only for the child, but for parents and teachers as well. This is a time of very rapid physical growth. Maximum intellectual growth is reached during adolescence. From the stand point of emotions, there is marked increase in sexual and aggressive drives. Internal conflict and external environmental factors serve to put the adolescent in an unfavorable situation generally speaking. The adolescent experiences much stress and strain in his struggle to achieve independence and function adequately as a person. The ease or difficulty with which the adolescent period is lived through depends not only on the past life of the individual but also on the present and the help given to cope with the problems confronting him. The adolescent needs and can use all the warmth, understanding encouragement and support possible to assist him through this time.

The school is organized to serve the masses. For this reason the teacher's emphasis is and of necessity must be focused on the group. Time and numbers make it impossible for teachers to center attention on individuals to any great extent. Then, too, it would cause the one she centers on to be her "pet" and there would result rivalry with others. She must be equally attentive to all. She needs to understand the individual but to use this understanding in working with the group. The school social worker can do an effective job of individualizing pupils for the teacher for the purpose of helping the teacher understand the child in the group. Helping a teacher to find out what causes a child to behave the way he does—whether his behavior is anti-social, recessive, truant, or delinquent—provides her with a working knowledge so she can, in so far as possible, devise means of dealing with it in class or perhaps invite suggestions from the social worker. If a teacher uses help in this way, it does not imply that she is incompetent. Special problems require special help in remedying or alleviating a situation.

Dora annoyed teachers no end with her talking, impudence and exaggerated interest in boys. She took pride in her ability as an agitator and fight instigator. She was transferred around because teachers were unwilling to have her in class. As a final consideration, Dora was placed with a teacher with the understanding she would be expelled from school

if she did not behave. The worker told the teacher about Dora's unfavorable home conditions and the kind of supervision she was getting from her great grandmother since both of her parents were dead. Dora was not much of a person at home and had been deprived of care and affection. She needed to feel she was liked and had the interest of someone. It was quite confusing to her at home to have several relatives telling her what to do and to get little if any approval in exchange.

The teacher used this understanding of Dora to bring about a change in her behavior and attitude. Dora felt a sense of importance by being given little jobs of responsibility and praised for any good performance or achievement. With Dora's energies and efforts utilized in an acceptable way, she had less need to disturb the class. This is what happened in class. In addition to this, weekly interviews with the worker gave Dora added support in enabling her to work out her own problems.

The school social worker has the opportunity of helping parents understand their children better toward the end of remedying conditions which interfere with school attendance. Parents frequently do not realize how sensitive children are about certain things and lack an appreciation for their feelings. What seems to be of small or minor concern to a parent may prove painful and unbearable to the child. As a consequence, truanting may be the child's way of avoiding something unpleasant.

Arthur was truant from school for four days. His mother thought it ridiculous that he should say he stayed away from school because his pants were patched and he feared the children would laugh at him and tease him. Since the patch was in an inconspicuous place, the mother didn't think it should have made any difference. Arthur was not known to have been truant before this time.

Undoubtedly there were other things in the school situation which made Arthur feel he wanted to stay away. But the patched trousers made the difference between his coming to school and truanting. The mother was helped to realize what meaning this had for Arthur. Since he had to be punished for the incident (this mother believed in discipline by force), the mother learned about other forms of discipline from the worker which were different from corporal punishment but equally if not more effective. Arthur is a strong, husky boy who would need many lashings to feel he had actually been punished physically especially if the beating were administered by his mother.

It is not unusual to find a child making failing grades in school. However, it is important to discover the reason for it. A school social worker can be sensitive to reasons for school failures and seek to bring about neces-



sary changes to prevent them. Sometimes the child's school placement is not suitable. A schedule adjustment may be all that is needed for a child to do passing work.

Edward was referred to the school social worker by his teacher because of the physical symptoms he displayed when he went to the blackboard to do arithmetic. He complained of headaches, dizziness and had fainting spells. When a medical examination showed no physical basis for these symptoms, it became evident that Edward's trouble was an emotional condition. Too much pressure was being put on Edward to get him to achieve. In elementary school he was in a remedial arithmetic class. Upon coming to junior high school, he was placed in a regular class, which proved too much for him, considering the sheltered environment from which he had come. Edward's reactions were a defense against a painful situation which he could not face.

The worker interpreted the meaning of Edward's behavior to the teacher and the counselor. As a result a more suitable class placement was arranged. When this was done, Edward showed none of his former symptoms. He was relaxed and happy when he was freed to work up to his capacity without being expected to achieve more than his limited ability would permit. His mother was helped to realize that he was a slow learner and would not be outstanding in academic work. This made it possible for the mother to accept any of Edward's subsequent failures in school without causing him to feel a sense of absolute failure. This illustrates how the school can better serve the children through being aware of individual ability and dealing with the present through recognizing what has gone on in the past and seeing how it is related to the present.

The school social worker can render a service by interpreting the school to the parent when it is necessary. The community has set up certain standards which must be met by its members. When individuals have difficulty meeting these standards, the worker may have the responsibility of telling a parent what the community demands. It is required by law in Pennsylvania that a child attends school until he reaches the age of 16. The school social worker may find it necessary to interpret the law to a parent when the parent fails to assume responsibility for the child's attendance.

Betty's attendance was very poor. Her sister Vera came to school every day. The mother worked daily to support the family. She left home early in the morning and returned late in the evening. She didn't always know when Betty wasn't in school. When the mother was approached by the worker to learn what was interfering with B's at-

tendance, she reacted very hostilely, placing all blame and responsibility on Betty. If Betty didn't go to school, then the school could just put her in a home. The mother did not accept it as her responsibility to see that Betty attended school regularly until she was faced with the penalty of a fine for failing to meet the requirements of the school law.

The worker offered this mother services of other agencies for help when it was evident that she needed help with problems which were out of the area of the school social worker's function.

Occasionally it is the school social worker's responsibility to help a child use some community agency. This community agency may be the court. Conditions of neglect, lack of adequate supervision and delinquent behavior are circumstances under which the court as a protective agency may be called upon to exercise its authority in serving the child as well as society. In such a case a child's relation with a social worker can prove useful in helping the child accept another agency representative as a helping person, interested in his welfare, rather than someone who seeks to punish him. The adolescents in junior high school must feel the school social worker is a different person whom they can trust and must be assured of the confidential nature of the contact. A warm, accepting, non-judgmental attitude on the part of the worker means much in establishing a working relationship with children. Teachers must be kept informed about what the worker is doing. An informed teacher is not likely to be an antagonized teacher who feels the worker is taking over her job or is working against her.

Children are likely to experience difficulty or have problems with which they can use help when their past has not been, or the present is not, satisfying and has not met their growth needs. Whether the difficulties have their origin in home conditions or are due to some feature of the school environment, the school social worker has a service to offer in relation to the purpose of education. When obstacles interfering with the child's learning are removed, the child does better, gets along well with teachers and other students and can make the best possible use of what the school has to offer. Just as in other settings where social case work service is available, the strengths of the client, who in this instance is the junior high school student, are engaged for the purpose of bringing about greater capacity for self functioning as an individual in society. The contribution of the school social worker is not a greater or lesser service than that of other school personnel—but different, because of the professional knowledge and skill required in offering the service.



## MEMBERSHIP

Membership in a professional organization is a strengthening factor for the individual practicing within that profession. This is as true for the school social worker as it has long been for members of other professions. National Association of School Social Workers has members in 34 states and in Hawaii.

All members receive the National Association of School Social Workers Bulletin and other materials such as reprints, book lists, conference programs, notices, and other publicity. Membership is determined by the training and experience of the applicant.

Applications for membership and a statement of membership requirements may be obtained from the Membership Chairman, Miss Rose Goldman, Bureau of Child Guidance, 228 East 57th Street, New York 22, New York.

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Copies of N.A.S.S.W. Bulletins from the March 1946 issue to the present are available at the Executive Office in limited quantities.

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Changes of address should reach the office of the Executive Secretary as soon as possible.

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We should like to ask members and friends of N. A. S. S. W. to take a more active interest in the Bulletin. If you have an article or a suggestion regarding a paper we might publish, SEND IT IN. Manuscripts should be addressed to the Executive Secretary and can be accepted for publication only on condition they are not being published elsewhere. They should be typewritten doublespaced and there should be two carbon copies. Authors of papers accepted will receive five copies of the issue containing their article.



